

**NCI Cooperative Prostate Cancer Tissue Resource- Short Form Application**

Mike Becich, M.D.  
University of Pittsburgh Medical Center  
Shadyside Hospital  
Room # WG02.6  
5230 Centre Avenue  
Pittsburgh, PA 15232

Approved: \_\_\_\_\_  
Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: Request for a small number of samples from the Cooperative Prostate Cancer Tissue Resource (CPCTR)**

Dear Dr. Becich:

I am requesting a minimal number of samples from the CPCTR for:

☐ Test development ☐ Quality control ☐ Preliminary research  
☐ Other (specify) \_\_\_\_\_

Project/Title: \_\_\_\_\_  
\_\_\_\_\_

I am requesting (select one (1) only):

☐ Three (3) optimization tissue microarray (TMA) slides (without annotation) of radical prostatectomies to test the probe

☐ Five (5) slides (specify if they should be silanated) with 5-micron paraffin sections of cancer from 5 different radical prostatectomy specimens, specify Gleason score(s) if pertinent: \_\_\_\_\_

☐ Five (5) slides (specify if they should be silanated) with 5-micron paraffin sections of high grade prostatic intraepithelial neoplasia (HGPIN) from 5 different radical prostatectomies: \_\_\_\_\_

☐ Five (5) slides (specify if they should be silanated) with 5-micron sections of benign prostatic tissue from 5 different radical prostatectomies: \_\_\_\_\_

☐ Two (2) fresh frozen tissue specimens (0.2 gms each) containing: cancer ☐, HGPIN ☐ or benign glands ☐.

☐ Three (3) 0.5 ml serum samples from patients with cancer

☐ Three (3) 0.5 ml plasma samples from patients with cancer

I agree that this is a one time only request, and I understand that I am expected to complete and submit a full application to the CPCTR if I need any further samples. I certify that I have the requisite institutional approvals necessary to conduct this research. I will provide a progress report about my project to the CPCTR within 6 months after receipt of specimens along with any publications resulting from the use of these specimens. I also agree that I will cite the Cooperative Prostate Cancer Tumor Resource in any publication.

Sincerely yours,

Investigator's contact information

\_\_\_\_\_  
Investigator's signature

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Investigator's printed name

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Title

Specimen shipping address (if different)

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_